



Environmental Protection Agency
1701 S. First Street Maywood, IL. 60153

312/345-9780

Refer to: Cook County - ILT180010191 - Hodgkins/Crouse Cartage

January 26, 1982

Crouse Cartage
9350 W. Joliet Road
Hodgkins, Illinois 60525

Dear Mr. Krupa:

An inspection of the above facility was conducted by a representative of the Illinois Environmental Protection Agency (IEPA) on January 18, 1982. The inspection was conducted under the authorization of the United States Environmental Protection Agency (USEPA). A copy of the inspection report is enclosed. The purpose of the inspection was to determine your facility's compliance status with the Resource Conservation and Recovery Act (RCRA) as amended. Based on the information obtained during the inspection we have determined that the above facility is exempt from RCRA.

Therefore since your facility is not regulated under RCRA, we recommend that you submit a letter to US EPA Region V, RCRA Activities, Post Office Box 7861, Chicago, Illinois 60680, requesting that your EPA Form 8700-12 Notification of Hazardous Activity be withdrawn. Copies of this letter should also be sent to US EPA, Enforcement Division, Attention: Water and Hazardous Materials Compliance Section, 230 South Dearborn Street, Chicago, Illinois 60604, and to the Illinois EPA, Division of Land/Noise Pollution Control, 1701 South First Avenue, Suite 600, Maywood, Illinois 60153.

Your cooperation and efforts in this matter are appreciated. Should you have any questions about the report or letter, please contact Cliff Gould at the above number.

Sincerely, ,

Kenneth P. Bechely, Northern Region Manager
Field Operations Section
Division of Land/Noise Pollution Control

KPB:CG:prb

Enclosure: Inspection Report

cc: Division File
Northern Region
U.S. E.P.A. - Region V

STATE IDENTIFICATION NUMBER
(If Applicable)

ILT180010191
EPA IDENTIFICATION NUMBER

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
Form C - Transporter Inspection
(40 CFR Part 263)

I. General Information:*

- (A) Transporter Name: Crouse Cartage
(B) Street: 9350 W. Joliet Rd.
(C) City: Hodgkins (D) State: IL (E) Zip Code: 60525
(F) Phone: 312/579-5700 (G) County: Cook
(H) Date of Inspection: January 18, 1982 Time of Inspection (From) _____ (To) _____
(I) Weather Conditions: Cloudy 20°F

- | (J) Person(s) Interviewed | Title | Telephone |
|---------------------------|-------------------------|---------------------|
| <u>Jerry Krupa</u> | <u>Terminal Manager</u> | <u>312/579-5700</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
-
- | (K) Inspection Participants | Agency/Title | Telephone |
|-----------------------------|-----------------|-------------------------|
| <u>Clifford Gould</u> | <u>IEPA/EPs</u> | <u>312/345-9780x290</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
-
- | (L) Preparer Information | Agency/Title | Telephone |
|--------------------------------|-----------------|-------------------------|
| Name:
<u>Clifford Gould</u> | <u>IEPA/EPs</u> | <u>312/345-9780x290</u> |

*If site is also a generator do not complete Section I of this form.

Do not use this form if transporter is also a treatment, storage, and/or disposal facility.
Complete form "A" if the transporter is also a SD facility.

II. OTHER TYPES OF HAZARDOUS WASTE ACTIVITY

(A) _____ Treatment, Storage, and/or Disposal

(B) _____ Generator (Form B)

(If site is also a generator or TSD, attach this form to form "A" or "B" as appropriate.)

Briefly describe site activity: Truck Terminal for a transporter
of general commodities.

III. MANIFEST SYSTEM AND RECORDKEEPING (Subpart B)

Yes	No	NI*	Remarks
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(A) Are copies of the completed manifests or shipping paper(s) available for review and retained for three years?

_____	_____	<u>X</u>	_____
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IV. INTERNATIONAL SHIPMENTS

Yes	No	NI*	Remark Number
-----	----	-----	---------------

A. Does the Transporter record on the manifest the date the waste left the U.S?

_____	_____	<u>X</u>	_____
-------	-------	----------	-------

B. Are signed completed manifest(s) on file?

_____	_____	<u>X</u>	_____
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*Not Inspected

Rev. 1-26-81/J.B.

V. MISCELLANEOUS

A. Does transporter haul
Hazardous Waste into the
U.S. from Abroad?

X

B. Does the transporter mix
Hazardous Waste of different
DOT shipping descriptions
by placing them into a single
container?

X

NOTE: If (A) or (B) were answered "Yes" then the Transporter is also a Generator and must
comply with the Generator Regulations.

VI. REMARKS

Remarks: Mr. Krupa indicated that this firm transports
general commodities, not hazardous waste. He had no
idea why the USEPA was notified unless it was because
the firm does transport hazardous materials under DOT
regulations. There were no manifests to review.

The firm is not a licensed special waste hauler under Illinois
rules and regulations.

I explained the procedure to be used to ~~date~~ notify.



U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	1LT180010191 #21 ILD049017189
I. NAME OF INSTALLATION	CROUSE CARTAGE CORPORATION COMPANY
II. INSTALLATION MAILING ADDRESS	3400 S. DODD ST. 9350 W. Joliet Road CHICAGO, IL 60650 Hodgkins, IL 60525
III. LOCATION OF INSTALLATION	3400 S. DODD ST. 9350 W. Joliet Road CHICAGO, IL 60650 Hodgkins, IL 60525

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

C																					55			
C																					55			
15	16																			55				
INSTALLATION'S EPA I.D. NUMBER															APPROVED					DATE RECEIVED (yr., mo., & day)				
S	FILT180010191										T/A	C	A					800718						
1	2											13	14	15	16	17						22		

I. NAME OF INSTALLATION

C	SAME																				67
30																					67

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

C	SAME																				45
3																					45
15	16																			45	

CITY OR TOWN

ST.

ZIP CODE

C	SAME																				40	41	42	47	51
4																					40	41	42	47	51
15	16																			40	41	42	47	51	

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

C	SAME																				45
5																					45
15	16																			45	

CITY OR TOWN

ST.

ZIP CODE

C	SAME																				40	41	42	47	51
6																					40	41	42	47	51
15	16																			40	41	42	47	51	

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

C	WATKINS NATE DISPATCHER																				312-579-5700									
2																														
13	16																			45	46	47	48	49	50	51	52	53	54	55

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

C	CROUSE CARTAGE COMPANY																				55
8																					55
15	16																			55	

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

ILT180010191
ILD049017189

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

IT 180010191

FOR OFFICIAL USE ONLY											
8	9	10	11	12	13	14	15	16	17	18	19
W	I	L	D	0	4	9	0	1	7	1	8
1	2	3	4	5	6	7	8	9	10	11	12

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23	23	23	23	23	23
26	26	26	26	26	26
7	8	9	10	11	12
23	23	23	23	23	23
26	26	26	26	26	26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23	23	23	23	23	23
26	26	26	26	26	26
19	20	21	22	23	24
23	23	23	23	23	23
26	26	26	26	26	26
25	26	27	28	29	30
23	23	23	23	23	23
26	26	26	26	26	26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23	23	23	23	23	23
26	26	26	26	26	26
37	38	39	40	41	42
23	23	23	23	23	23
26	26	26	26	26	26
43	44	45	46	47	48
23	23	23	23	23	23
26	26	26	26	26	26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23	23	23	23	23	23
26	26	26	26	26	26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)


☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D008)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) Paul Maiden, Safety Director CROUSE CARTAGE COMPANY	DATE SIGNED 7-15-80
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EPA Form 8700-12 (9-80) REVERSE

CROUSE CARTAGE COMPANY, Carroll, Iowa, as the headquarters for the entire system is filing notification for the entire system as transporter of Hazardous Waste. This location could be a generator, hence, the notification.

At this time we have not been a Generator of Hazardous Waste but as a transporter we could become a Generator of any type Hazardous Waste through an incident resulting from handling Hazardous Materials.



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

ILT180010191

REACKNOWLEDGEMENT

CROUSE CARTAGE
9350 W JOLIET ROAD
HODGKINS

IL 60525

INSTALLATION ADDRESS

9350 W JOLIET ROAD
HODGKINS

IL 60525



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

MEMORANDUM

TO: _____ DATE: _____

FROM: _____

☐ Information only

SUBJECT: _____

☐ Response requested